

**Abstract 256****TITLE:** Analysis of NIR Cases in an STD Clinic Setting: Implication for Prevention**AUTHORS:** P. Warfield, P. Coury-Doniger, K. Konx

**BACKGROUND/OBJECTIVES:** Surveillance of the AIDS epidemic in New York State (NYS) has utilized transmission category definitions standardized by the Centers for Disease Control and Prevention (CDC). There are five major transmission categories; IDU, MSM, Heterosexual, Perinatal, and "No Identified Risk" (NIR). In NYS, from 1993 to 1997, the percent of AIDS cases in the NIR category grew from 3% to 35%. To date, no data have been available on specific risk behaviors in this transmission category. In addition, the presence of STDs has been shown to increase HIV susceptibility and communicability, yet the present categorization system does not capture this relationship. The increasing number of cases in the NIR category most likely reflects shifts in the HIV epidemic that need to be better defined. Better epidemiologic data would allow improved allocation of important prevention resources and interventions.

**METHODS:** The Monroe County Health Department in Rochester, NY, has maintained a detailed risk behavior database of all persons with HIV/AIDS who have visited the County STD clinic between 1988 and 1999. A chart review was conducted which examined a variety of relationships between NIR cases and demographic and behavioral factors. The review included crack/cocaine use, history or presence of STDs, and the exchange of sex for money/drugs. Data were statistically analyzed using Epi Info

**RESULTS:** Overall, transmission categories of the STD clients are similar to those of NYS as a whole (35% IDU, 27% MSM, 11% Heterosexual, and 27% NIR). African American men and women make up 90.24% of the NIR cases. African American women represent 44% of NIR cases compared to 18% of the non-NIR cases. African American men make up 46% of NIR cases compared to 30% of the non-NIR cases. Non-injecting cocaine use was more prevalent in female cases than male within the NIR category (OR=14.17, CI (2.52, 96.06),  $X^2=13.24$ ,  $p<0.001$ ). Both males and females in the NIR category were significantly more likely to have previous histories of STDs compared to non-NIR clients (OR=2.93, CI (1.13, 8.50),  $X^2=5.78$ ,  $p<0.05$ ).

**CONCLUSIONS:** The study suggests that the HIV/AIDS epidemic in NYS has shifted away from individuals who fall into the traditional HIV risk categories. The growing NIR category includes primarily African American men and women with high rates of STDs. Integrated STD treatment and HIV prevention interventions need to be directed toward this subpopulation. Further research is needed to identify specific behavioral risk factors associated with the cases in the NIR category.

**PRESENTER CONTACT INFORMATION****Name:** Peter I. Warfield, MPH**Address:** 855 West Main St.  
Rochester, NY 14611**Telephone:** (716) 464-5928**Fax:** (716) 464-6510**E-mail:** pwarfield@yahoo.com